

ExperTox

drugs.alcohol.poisons.laboratory

Step 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

Specimen ID Number _____

NON
DOT

A: Company:

B: Location #:

 Identification Verified by: Photo Id Employer Representative
NON
DOT

Step 2: TO BE COMPLETED BY DONOR

Donor Name: _____ Donor SSN or ID # _____

I authorize the collection of this specimen for the purpose of a drug screen. I acknowledge that the specimen container was sealed with tamper-proof seal in my presence, and the information provided on this form and on the label affixed to the specimen container is correct. I authorize the laboratory to release the results of the test to the company identified on this form.

 X _____ /_____/_____
 Donor Signature Donor Phone # Initials Date (Mo/Day/Yr)

Step 3: COMPLETED BY COLLECTOR:

NON
DOT
 REASON FOR TEST: PreEmployment Random Post Incident/Accident Periodic Return to Duty Other _____
Specimen Collection: Single Split None Remark _____ Witnessed
 Read Temperature within 4 minutes. Is temperature between 90° and 100°? Yes No Remark _____

Remarks:

Collection Site Address:

Collector Phone:

Collector Fax:

NON
DOT

Step 4: Collector affixes tamper seal to bottle. Collector prints donor ID on seal. Donor initials and dates seal. Collector initials and dates seal.

Step 5: CHAIN OF CUSTODY INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen identified on this form is the specimen presented to me by the donor that it bears the same specimen identification as set forth above, and that it has been collected labeled and sealed in accordance with applicable forensic requirements.

 X _____
 Signature of Collector Time of Collection

 _____ /_____/_____
 Print Collectors Name Date (Mo/Day/Yr)

Received Lab:

 X _____
 Signature of Accessioner

 _____ /_____/_____
 Print Name of Accessioner Date (Mo/Day/Yr)

SPECIMEN BOTTLES RELEASED TO:

Delivery Service transporting specimen to Lab

Specimen Seal Intact: Yes No

Remark _____

Test Menu: THC Cutoff ___20ng/ml ___50ng/ml

 ___ 10 Panel Drug Screen with GC/MS
 ___ 5 Panel Non DOT with GC/MS
 ___ GC/MS Confirmation only for _____
 ___ Alcohol Urine
 ___ Alcohol Blood
 ___ Miscellaneous Test _____